April 2017

Duval County Epidemiology Surveillance Report

The Florida Department of Health (DOH) Duval County, Epidemiology Program

Rick Scott, Governor
Celeste Phillips, MD, MPH, State Surgeon General

Florida Department of Health
Duval County
Main Office
900 University Blvd N
Jacksonville, FL 32211
(904)253-1000
www.duval.floridahealth.gov

Epidemiology Program

Office:(904) 253-1850

Confidential fax:(904) 253-1851

After hours line: (904) 434-6035

Director

Saad Zaheer, MD, M.P.S.H, FACE

Epidemiology Lead Nurse

Angie Morgan, RN

Bioterrorism Epidemiologist

Aja Arrindell, M.P.H.,M.S.

Senior Community Health Nurse

Dana Henning, R.N

Senior Community Health Nurse

Ruth Voss. RN,M.P.H.

Research Assistant

Muniba McCabe, B.Sc.

Senior Word Processor

Debra Brown

Florida EIS Fellow

Ellen Dugan, M.P.H.

Epidemiology Intern

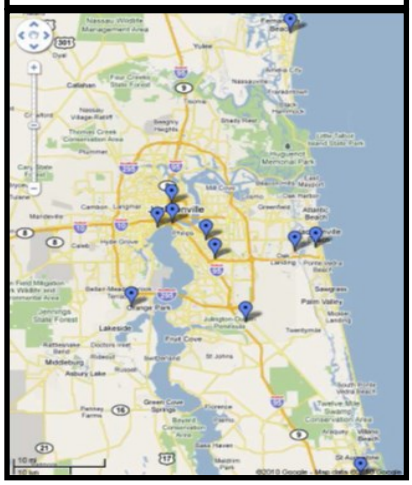
Kimberly Dawson, M.P.H.

In This Issue:

Report Summary

The month of April included a variety of surveillance and investigation activities reported within Duval County that included enteric disease activity, influenza and influenza-like illness (ILI) surveillance, and other reportable diseases/conditions.

Figure 1. Hospitals Participating in ESSENCE



DOH- Duval monitors 11 reporting hospitals in Duval County (Figure 1) with the Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE) and uses Merlin for reporting purposes.

In April, DOH-Duval investigated and reported 256 cases of various diseases/conditions. Among the reported cases, there was a case of Escherichia coli, Shiga Toxin-Producing (STEC), Hepatitis A, and Hepatitis C Acute. Three cases of Pertussis, four cases of Strep pneumoniae invasive disease- drug-susceptible and eight cases of Varicella. Select enteric disease activity was low and reported levels of ILI were steady throughout the county and state.

Lastly, this issue will highlight Zika Virus testing in pregnant women and yellow fever vaccine shortage in the United States.

Enteric Disease

Enteric activity reported in April showed no significant increase (Figure 2). Salmonellosis peaked during week 18 with no known etiology and was the most reported enteric disease in Duval County during the month of April with 17 cases (Figures 2&3). Reported cases of campylobacteriosis (14), cryptosporidiosis (2) remained the same (Figures 5 and 6), while shigellosis and giardiasis decreased (Figures 4 and 7) during the same time.

The mean number of cases for select enteric diseases, for the previous five years*, was 96. The most represented age group of reported cases for select enteric disease in 2017 occurred in the 0-4 age group with 26%.

There were no reported norovirus outbreaks in Duval County during the month of April.

(Source: FDENS EpiCom & DOH- Duval surveillance).

For prevention information, visit CDC's Website & FDOH's Norovirus Page

Figure 2. Reported Cases of Select Enteric Conditions by Report Month/Year in Duval County, April 2014 – April 2017

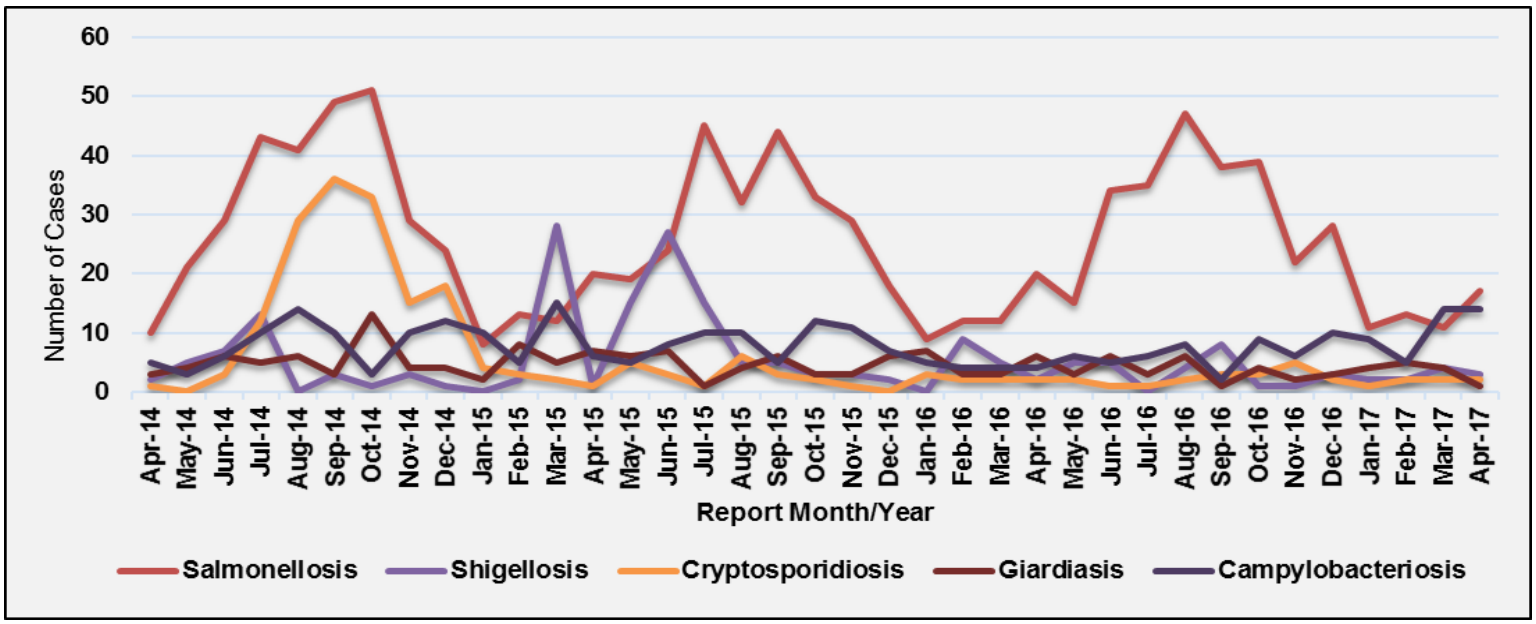
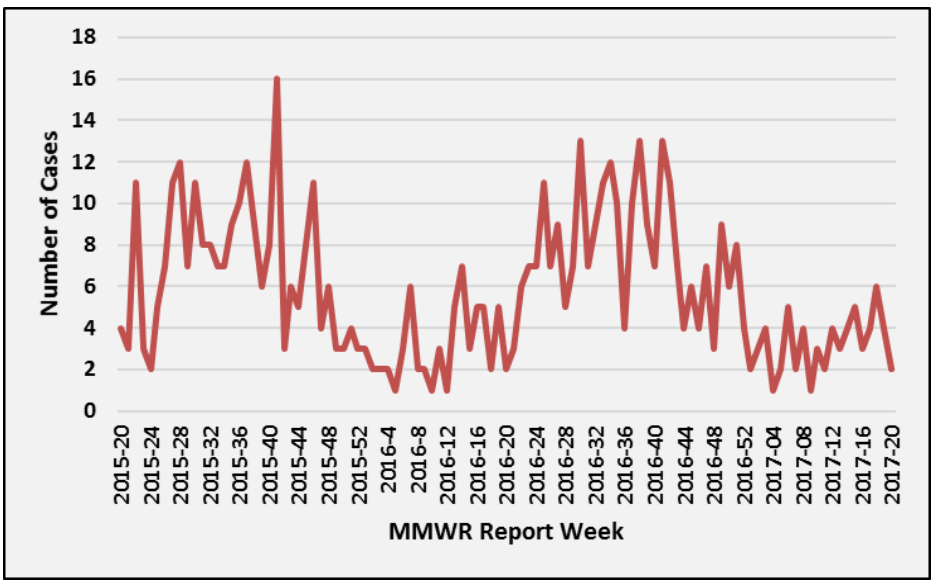
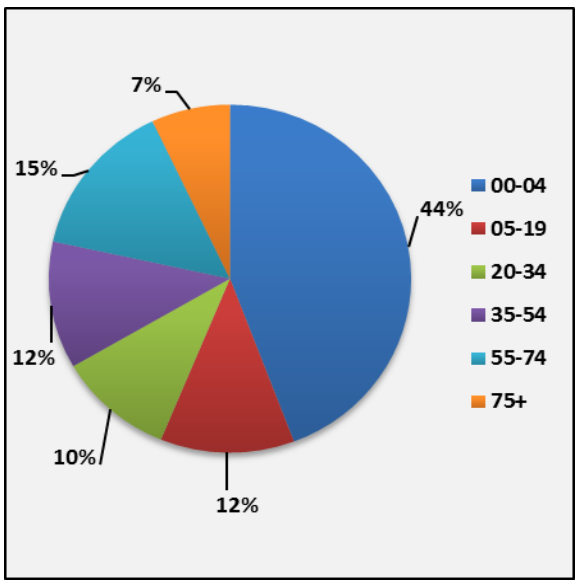


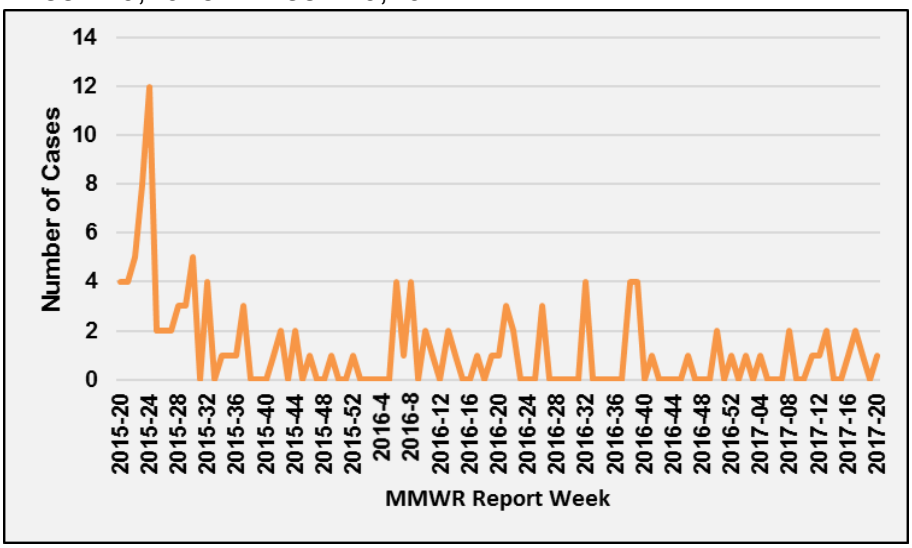
Figure 3. Reported Cases of Salmonellosis by Report Year-Week and Age Group- Duval County Week 20,2015– Week 20,2017.





* mean calculation is based on last five years of reporting during the same time.

Figure 4. Reported Cases of Shigellosis by Report Year-Week and Age Group- Duval County Week 20,2015 – Week 20,2017.



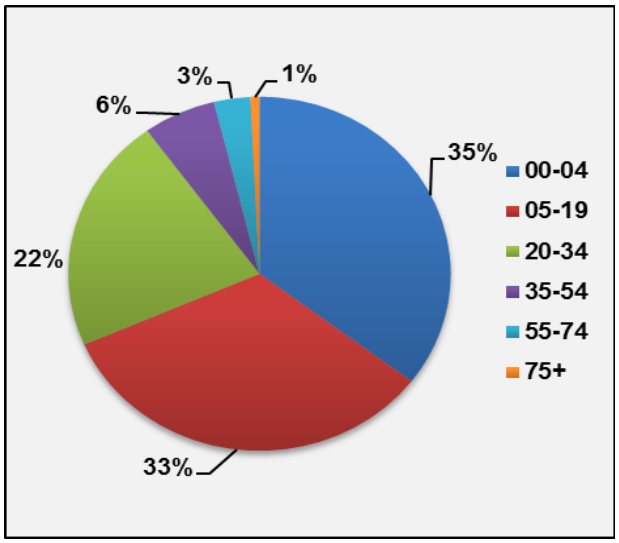
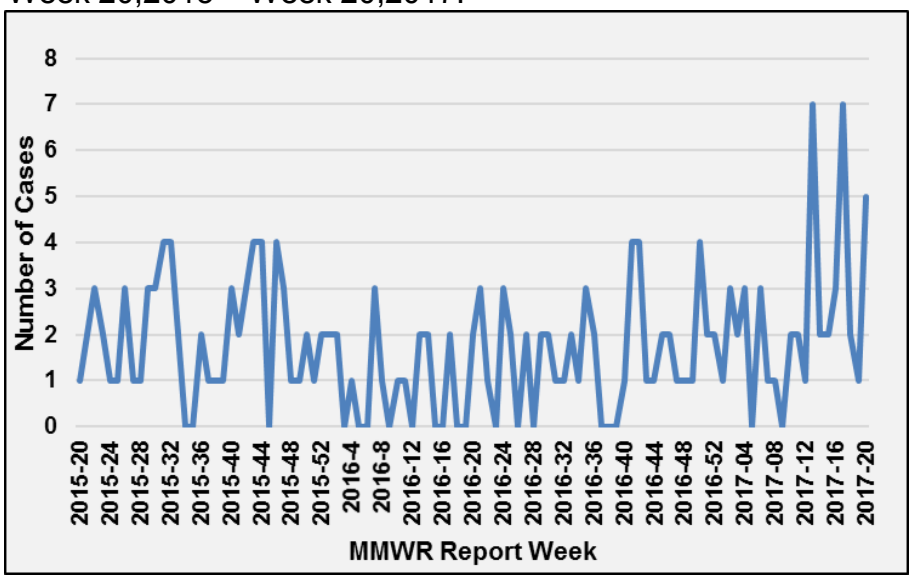


Figure 5. Reported Cases of Campylobacteriosis by Report Year-Week and Age Group- Duval County Week 20,2015 – Week 20,2017.



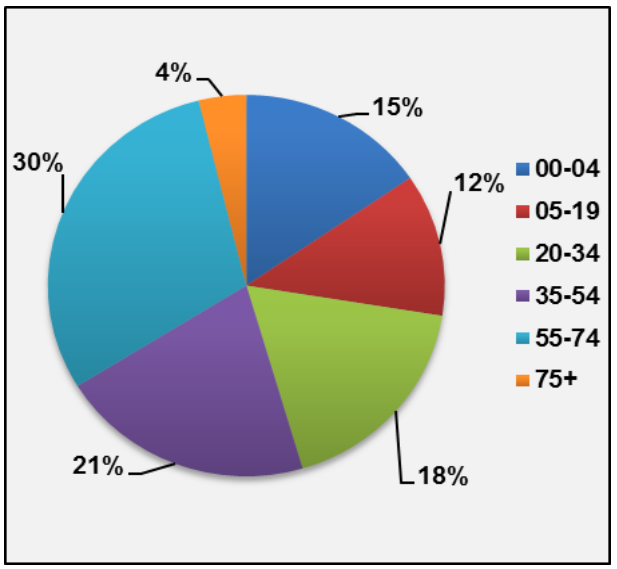
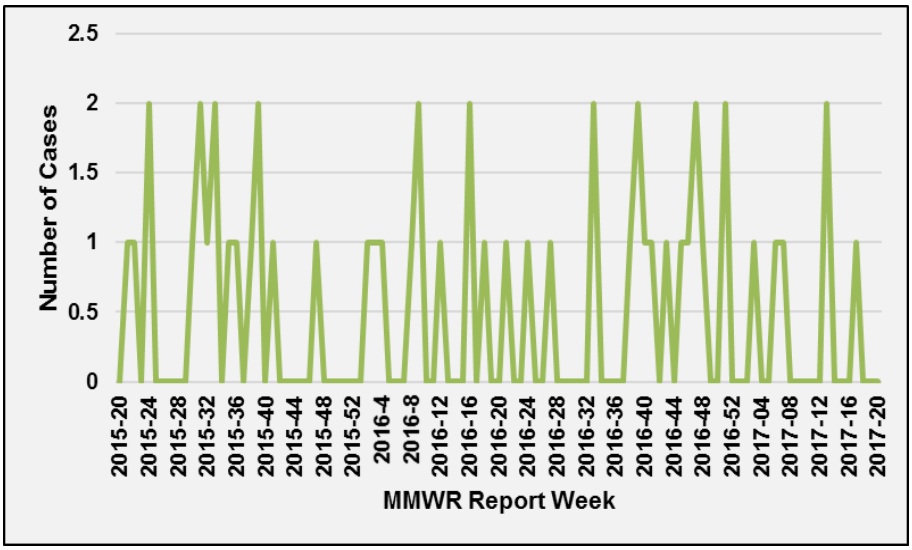


Figure 6. Reported Cases of Cryptosporidiosis by Report Week/Year and Age Group- Duval County Week 20,2015 – Week 20,2017.



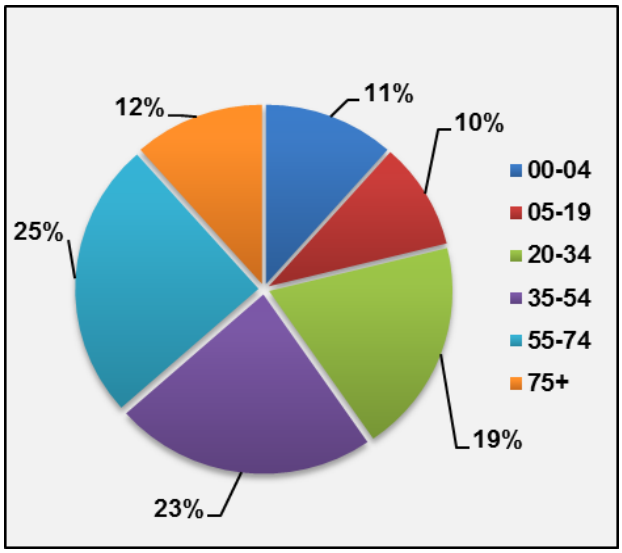
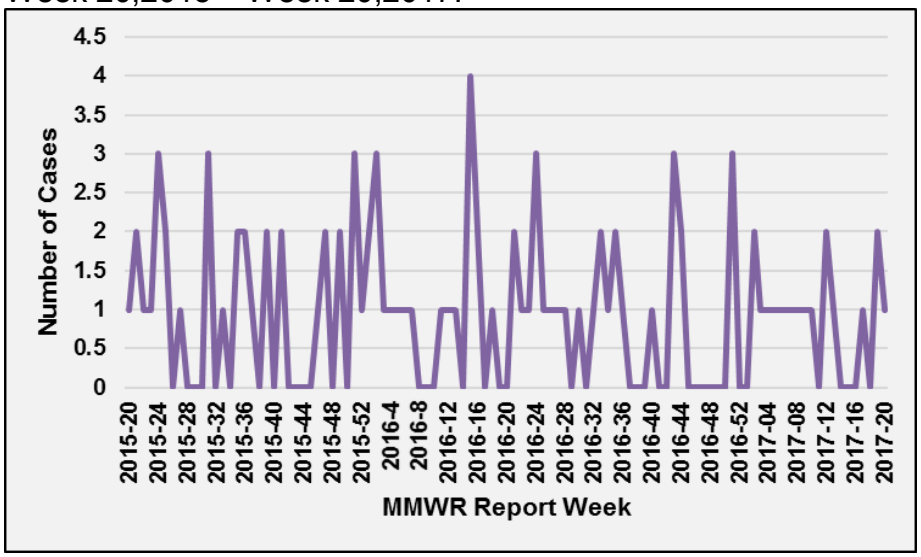
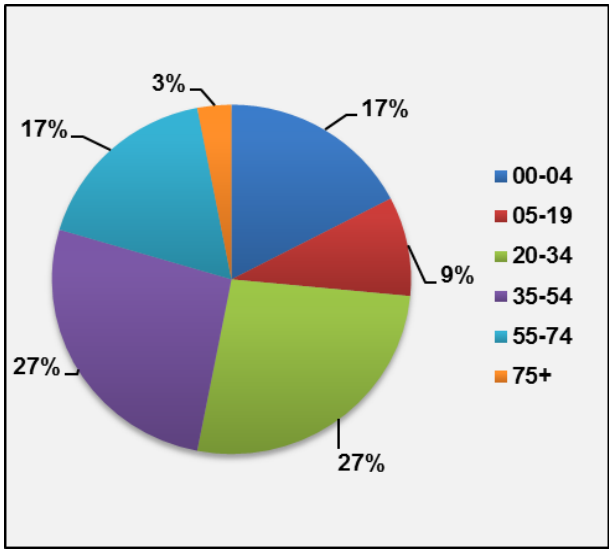


Figure 7. Reported Cases of Giardiasis by Report Year-Week and Age Group- Duval County Week 20,2015 – Week 20,2017.





Influenza and ILI Summary

As the Influenza season comes to an end, influenza and ILI activity remains low in Duval County. Statewide levels have returned to summer levels as activity continues to decrease. In Duval County, emergency department (ED) and urgent care centers (UCC) visits for ILI monitored through ESSENCE reported under 3% (Figure 7). Those <1-19 years of age accounted for most of the reported visits with an average of 2.48% from week 20, 2015 to week 20, 2017(Figure 8). Statewide data for percentage of ED and UCC visits showed similar levels when compared to previous seasons. Nationwide ILI activity decreased and remained below the national baseline for the fourth consecutive week.

In Duval County,119 specimens tested positive for influenza during the month of April. Of those, subtyping showed that Influenza A H3(2) was the dominant strain detected by laboratories (Figure 9). Two (2) specimens tested positive and nine (9) negative by the Bureau of Public Health Laboratories (BPHL) Jacksonville in Duval County (Figure 10).

Figure 7: Percentage of ILI visits from ED and UCC Chief Complaints, ESSENCE– FL, Duval County Participating Hospitals (n=11)

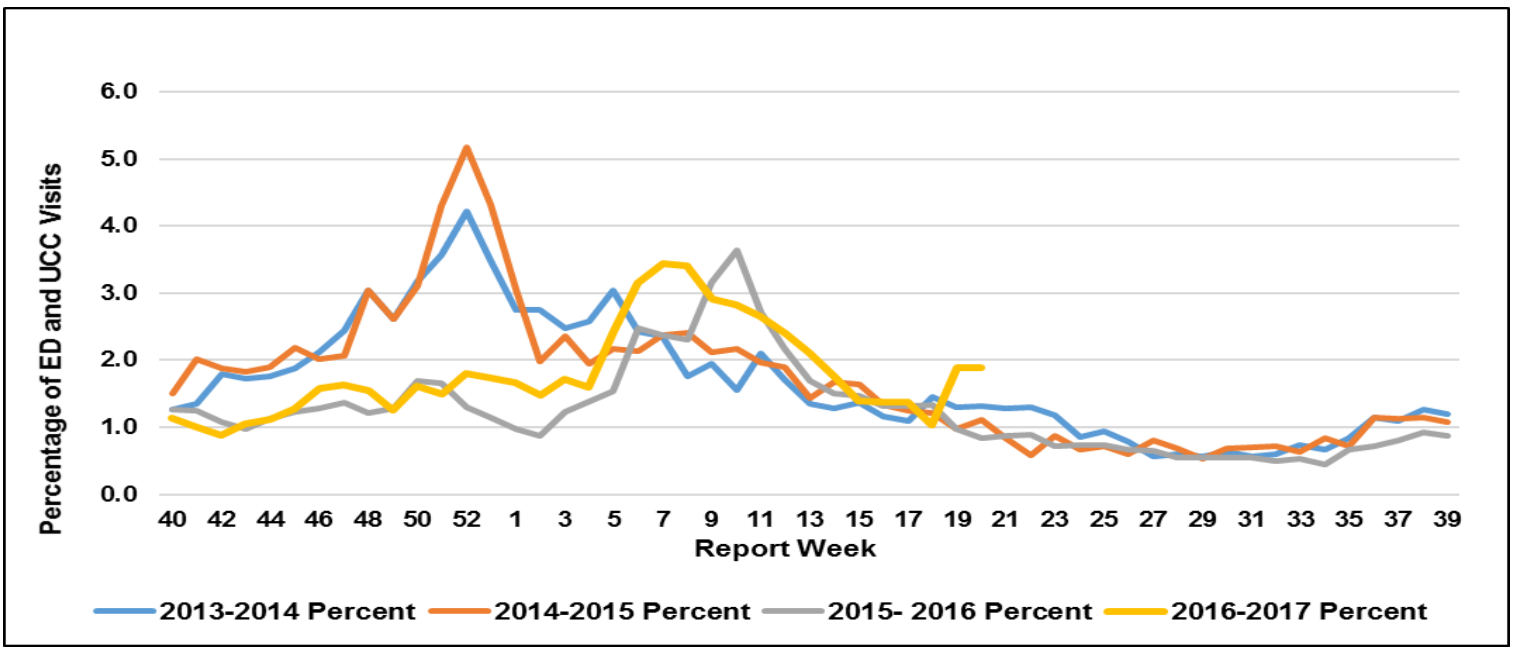


Figure 8: Age Comparison of ILI from ED and UCC Chief Complaints, Northeast Florida ESSENCE-FL Facilities, Week 20, 2015 – Week 20, 2017

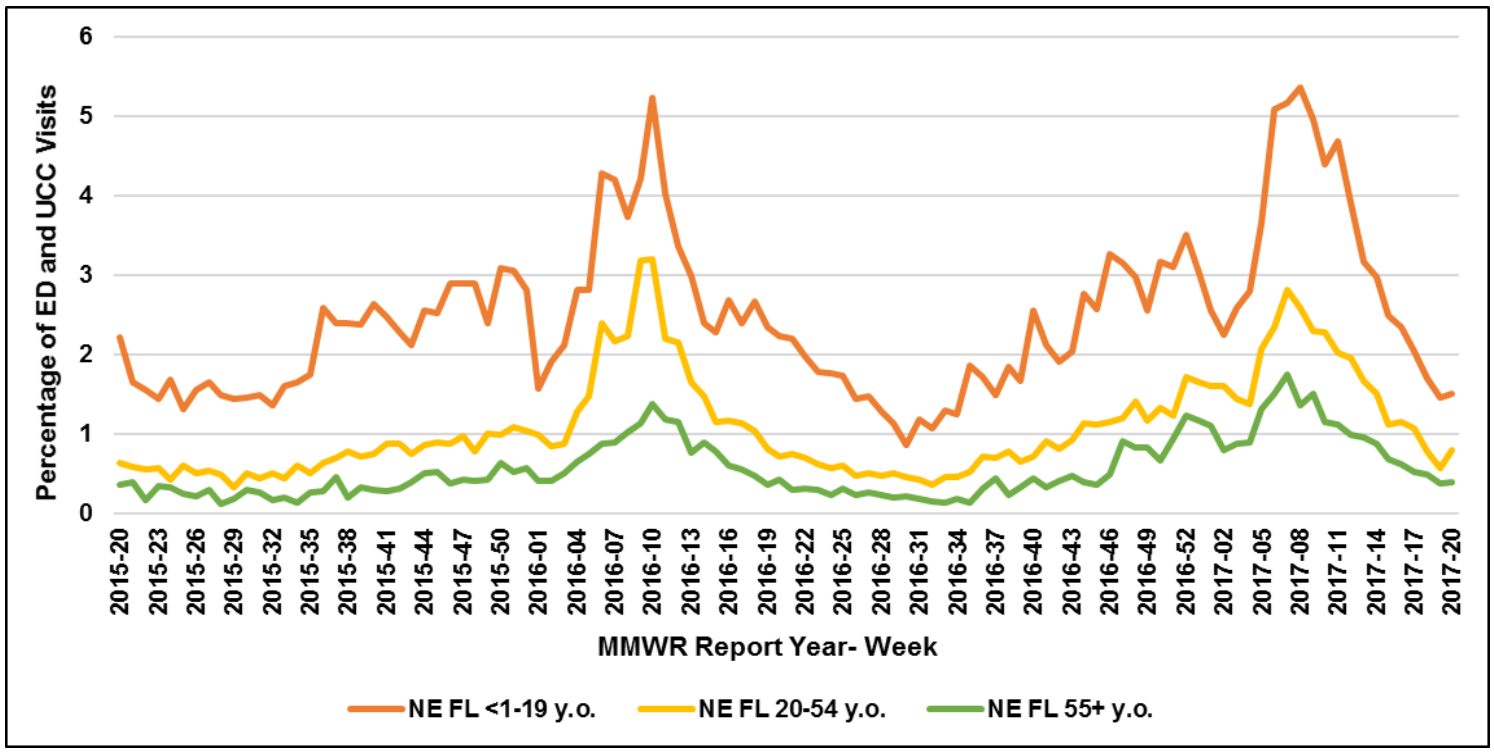


Figure 9: Number of Influenza Positive Specimens Reported through Electronic Lab Reporting by Subtype and Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE-FL ED data, Duval County, Week 20, 2015 - Week 20, 2017

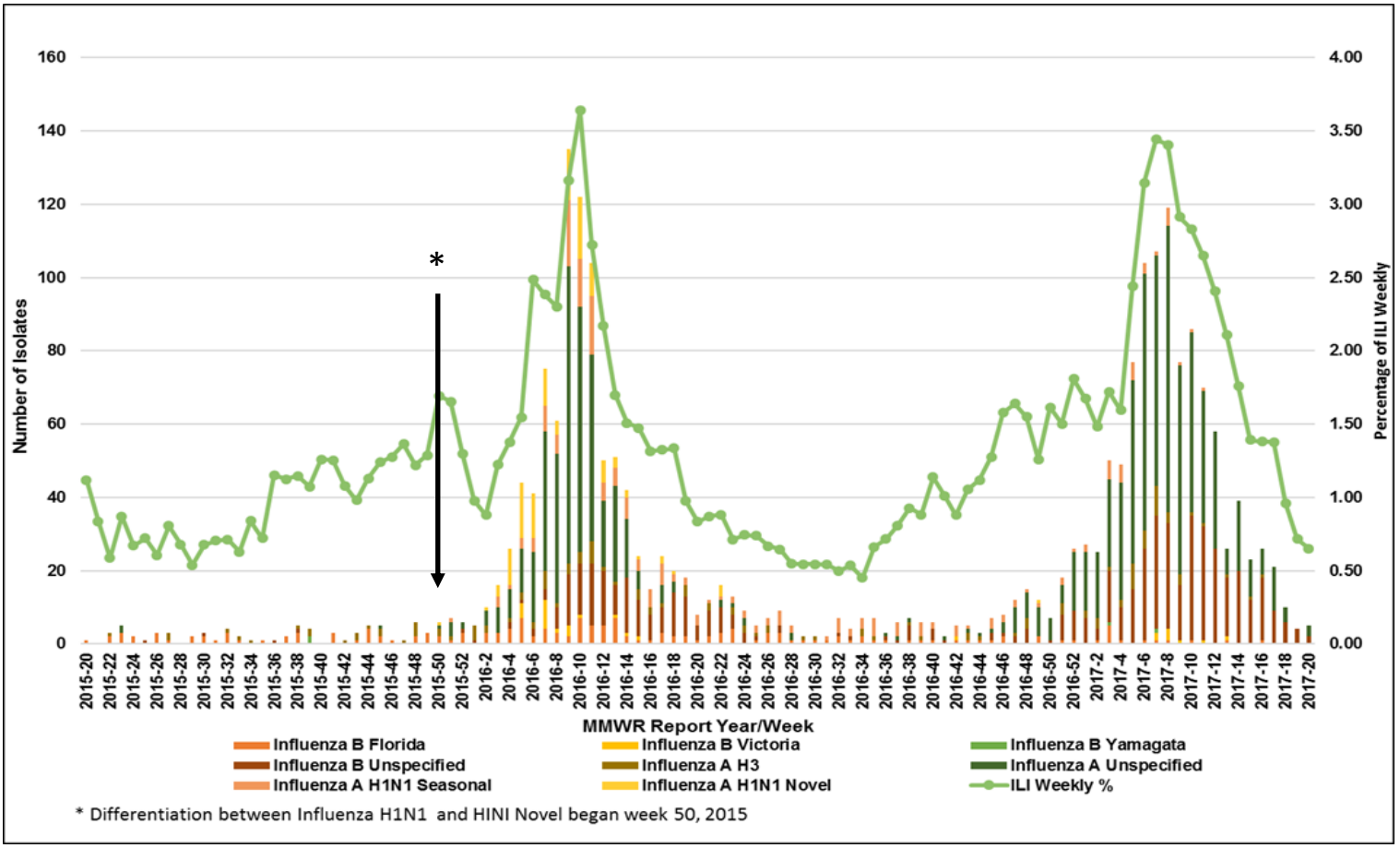
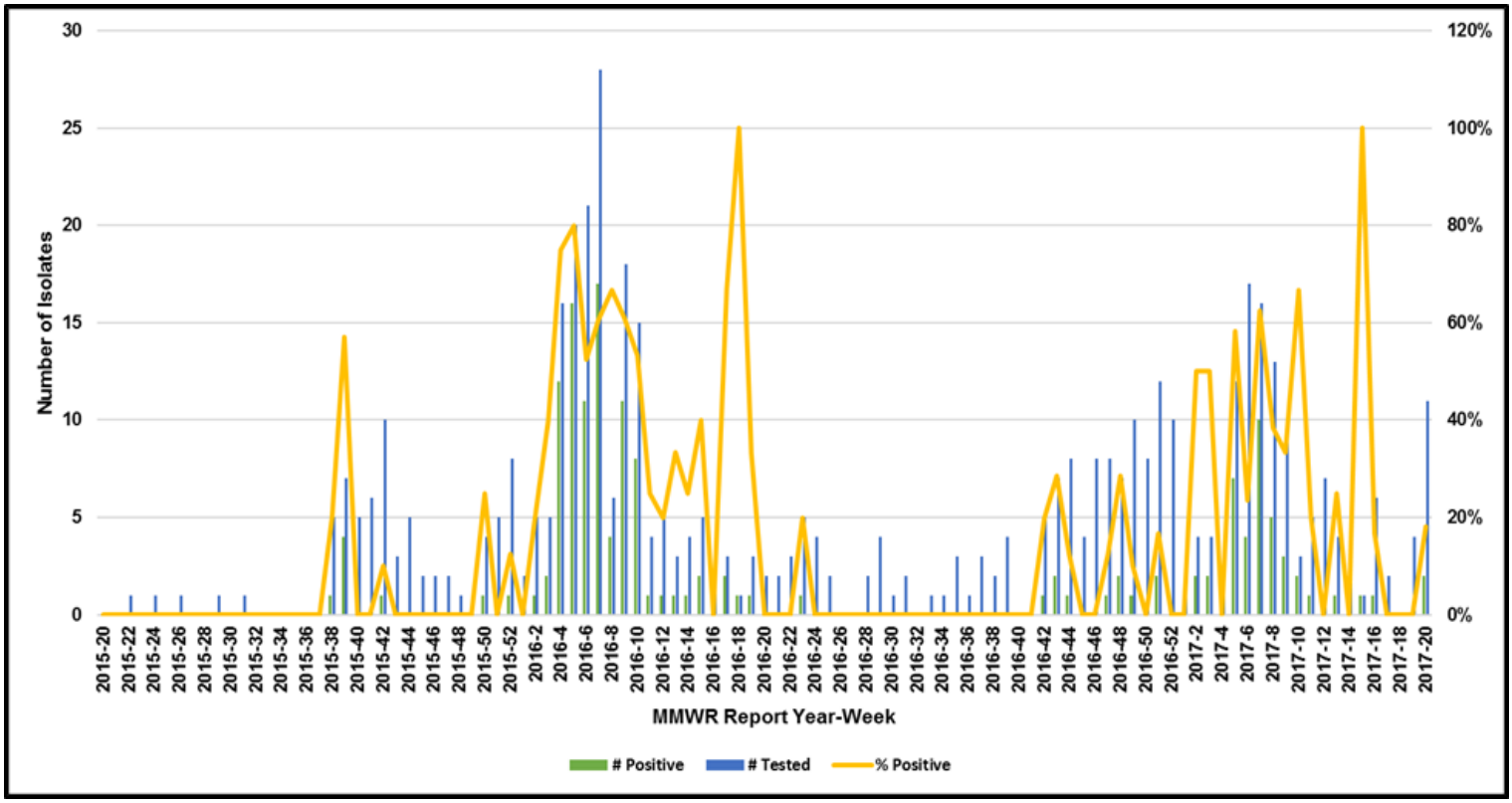


Figure 10: Number of Specimens Tested by Bureau of Public Health Laboratories (BPHL) and Percent Positive for Influenza by Lab Event Date, Duval County Week 20, 2015 – Week 20, 2017



National influenza activity (Sources: Bureau of Epidemiology (BOE), Florida Department of Health Florida Flu Review, Centers for Disease Control and Prevention FluView, National Center for Immunization and Respiratory Diseases (NCIRD):

- Influenza viruses continue to circulate at low levels nationally with sporadic activity.
- The most frequently identified virus by public health laboratories was Influenza B.
- The percentage of outpatient visits was 1.3% which is below the national baseline of 2.2%.

On August 25, 2016, the 2016-2017 influenza vaccine recommendations were published in a Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report.

For the 2016-2017 season, CDC recommends use of inactivated influenza vaccines (IIV) or recombinant influenza vaccines (RIV). Live attenuated influenza vaccines (LAIV) should not be used during the 2016 -2017 season. This recommendation follows poor or relatively lower effectiveness of LAIV between 2013 and 2016. For more information https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w.

Florida Mosquito-Borne Disease Summary

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of April 23-29, 2017, the following arboviral activity was recorded in Florida (Figure 11).

Resources: http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html

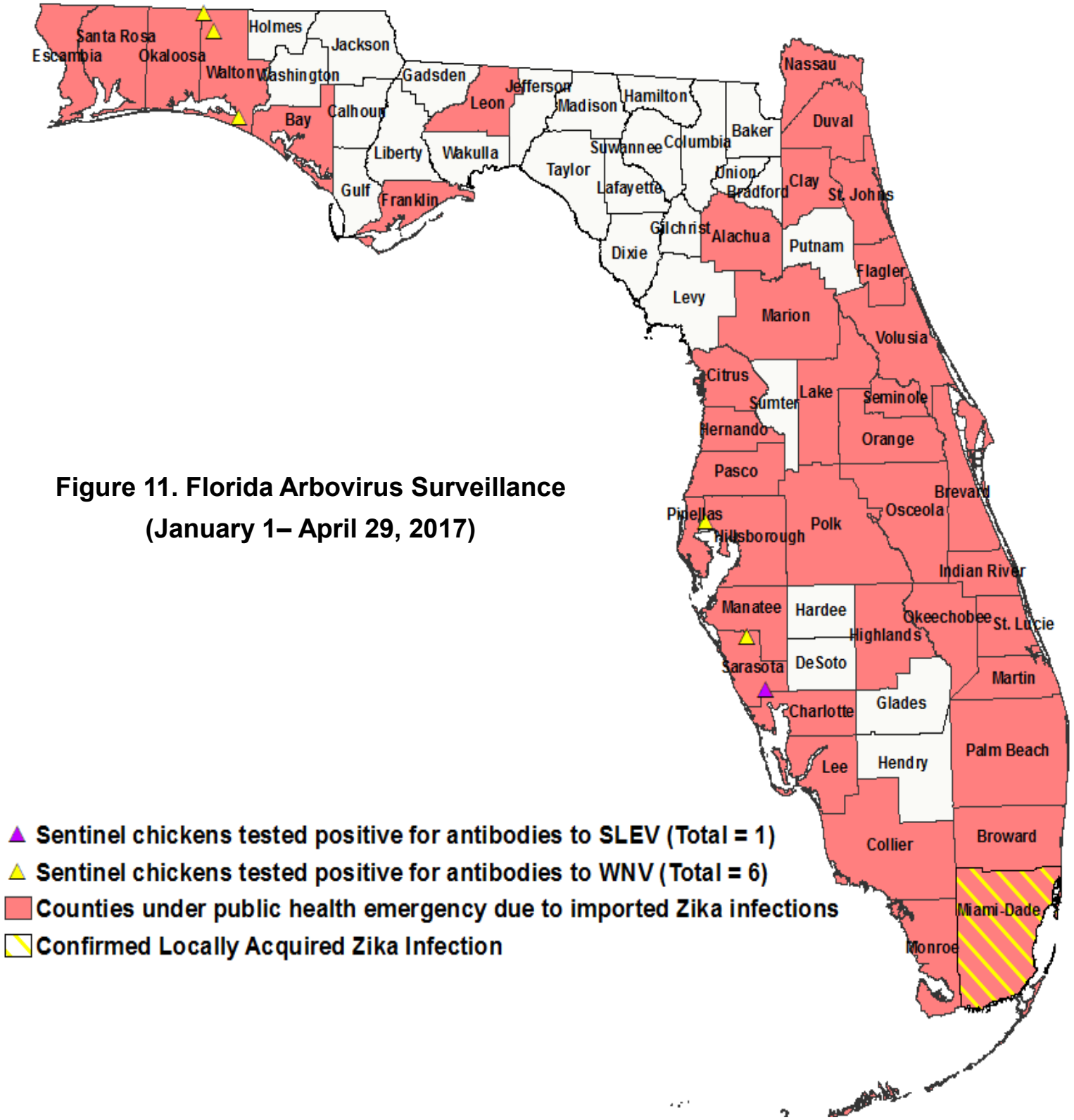


Figure 11. Florida Arbovirus Surveillance (January 1– April 29, 2017)

▲ Sentinel chickens tested positive for antibodies to SLEV (Total = 1)

△ Sentinel chickens tested positive for antibodies to WNV (Total = 6)

Counties under public health emergency due to imported Zika infections

Confirmed Locally Acquired Zika Infection

State of Florida 2016 Human Case Summary

International Travel-Associated Chikungunya Fever Cases: One case of chikungunya with onset in 2017 has been reported in an individual with travel history to a chikungunya endemic country in the two weeks prior to onset. Country of origin was Brazil. The county reporting the case was Broward.

International Travel-Associated Dengue Fever Cases: One case of dengue with onset in 2017 has been reported in an individual with travel history to a dengue endemic country in the two weeks prior to onset. Country of origin was Nigeria. The county reporting the case was Miami-Dade.

International Travel-Associated Zika Fever Cases: In 2017, thirty-three cases of Zika fever have been reported in individuals with travel history to a country or area experiencing Zika virus activity. Countries of origin were: Barbados, Barbados/Virgin Islands, Cayman Islands/St. Martin, Costa Rica, Cuba (4), Curacao (3), Dominican Republic, Ecuador, Guatemala (2), Haiti (5), Honduras (2), Jamaica (2), Mexico, Panama, Puerto Rico (2), Saint Kitts and Nevis, Venezuela (2), and multiple countries/regions (2). Counties reporting cases were: Broward (10), Collier, Flagler, Franklin, Hillsborough (3), Marion, Miami-Dade (9), Monroe, Orange, Palm Beach (2), Polk, St. Johns, and Walton. Five cases were reported in non-Florida residents. Florida is monitoring a total of 23 pregnant women in 2017.

Zika Virus Infections Acquired in Florida: In 2017, two locally acquired Zika virus infections have been reported by Miami-Dade County. In addition, seven individuals reported travel in 2016 to both Florida and countries with widespread Zika virus transmission and exposure location could not definitively be determined.

In 2016, 285 locally acquired Zika virus infections have been reported by Miami-Dade (270), Broward (5), Duval (1), Palm Beach (8), and Pinellas (1) Counties. Twenty-three of these cases were reported in non-Florida residents. The Duval County case is believed to have been acquired in Miami-Dade County. Many infections were linked to two focal areas in Miami-Dade County; 38 cases (including 2 out of state residents) were linked to the Wynwood area and 80 cases (including 13 out of state residents) were linked to the Miami Beach area. In addition, 49 individuals (including 5 out of state residents) reported travel to both Florida and countries with widespread Zika virus transmission and exposure location could not definitively be determined.

Zika Fever Cases Acquired in Duval County: No cases of Zika virus were reported in the month of April for Duval County.

International Travel-Associated Malaria Cases: Fourteen cases of malaria with onset in 2017 have been reported. Countries of origin were Brazil, Cameroon (2), Ethiopia/Malawi, Ghana/Liberia, Guatemala, Haiti (2), Indonesia, Togo, Uganda (3) and Venezuela. Counties reporting cases were Brevard, Broward, Escambia, Leon (2), Miami-Dade (2), Monroe, Orange, and Palm Beach. One case was reported in a non-Florida resident.

Six cases (43%) were diagnosed with *Plasmodium falciparum*. Five cases (36%) were diagnosed with *Plasmodium vivax*. Two cases (14%) were diagnosed with *Plasmodium malariae*. One case (7%) was diagnosed with both *Plasmodium malariae* and *Plasmodium ovale*.

CDC Health Advisory: Prolonged IgM Antibody Response in People Infected with Zika Virus: Implications for Interpreting Serologic Testing Results for Pregnant Women

CDC issued a Health Alert Notice (HAN) (https://emergency.cdc.gov/han/han00402.asp) to share emerging evidence about interpreting Zika IgM antibody test results of women who may have been exposed to Zika virus, particularly women who live in or frequently travel to areas with a CDC Zika travel notice, before conception. It is possible that some women who are currently pregnant may have been previously infected and developed antibodies against Zika prior to pregnancy. New data suggest that Zika virus infection, like some other flavivirus infections, may result in Zika antibodies staying in the body for months after infection, which may make it difficult to use these tests to determine whether women might have been infected before or after they became pregnant.

This HAN has specific recommendations not currently a part of the existing laboratory guidance, which should be considered for these women:1. that nucleic acid testing is considered at least once per trimester unless a previous test has been positive, and on amniocentesis specimens, if amniocentesis is performed for other reasons and 2. that IgM testing may be considered as part of pre-conception counseling. CDC recommends other diagnostic methods, such as nucleic acid testing and ultrasounds, which may provide additional information to help healthcare providers know if antibody test results might represent a recent infection.

Yellow Fever Vaccine Shortage in the United States

The manufacturer of yellow fever vaccine (YF-Vax), Sanofi Pasteur (Swiftwater, PA), has informed CDC that supplies of all preparations of YF-Vax are limited, and ordering restrictions have been implemented. Health care providers may no longer place orders for YF-Vax vaccine online and doses will be prioritized for patients who are traveling in the next 30 days to an area where yellow fever vaccine is required or recommended.

Health care providers should refer to the section titled Yellow Fever and Malaria Information, by Country(https://wwwnc.cdc.gov/travel/yellowbook/2016/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country/) in *CDC Health Information for International Travel 2016* (the "Yellow Book") for information about which countries require yellow fever vaccination for entry and for which countries CDC recommends yellow fever vaccination. In the absence of a country requirement, CDC does not recommend yellow fever vaccination if the traveler's itinerary does not include travel to a yellow fever–endemic area. For more information: https://www.cdc.gov/mmwr/volumes/66/wr/mm6617e2.htm?s_cid=mm6617e2_w

Table 1: Tuberculosis (TB) Surveillance – Duval County - 1/1/2017 through 4/30/2017

Demographics and risk factors of TB cases reported year-to-date for 2017.							
	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				**Risk Factors**			
Male	8	10	80.0%	Excess alcohol use within past year	1	10	10.0%
Female	2	10	20.0%	HIV co-infection*	2	10	20.0%
Country of Origin				Injected Drug use within past year	1	10	10.0%
U.S.	6	10	60.0%	Homeless	1	10	10.0%
Non-U.S.	4	10	40.0%	Incarcerated at diagnosis	0	10	0.0%
Age Group				Unemployed	6	10	60.0%
< 5	0	10	0.0%	**Race/ Ethnicity**			
5-14	0	10	0.0%	Asian	3	10	30.0%
15-24	0	10	0.0%	Black	4	10	40.0%
25-44	3	10	30.0%	White	3	10	30.0%
45-64	3	10	30.0%	Hispanic**	0	10	0.0%
≥ 65	4	10	40.0%	**Drug Resistance**			
				Resistant to isoniazid***	0	4	0.0%

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

*** For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed.

Table 2. Area 4 Reported Sexually Transmitted Disease Summary for April 2017– All STD case numbers are provisional and subject to change.

Infectious and Early Latent Syphilis Case				
Sex	**Area 4***	**%**	**Duval**	**%**
Female	2	13%	2	14%
Male	14	88%	12	86%
Race	**Area 4***	**%**	**Duval**	**%**
Black	11	69%	11	79%
Hispanic	0	0%	0	0
White	5	31%	3	21%
Other	0	0%	0	0
Age	**Area 4***	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	2	13%	2	14%
20-24	1	6%	0	0%
25-29	5	31%	5	36%
30-39	7	44%	6	43%
40-54	1	6%	1	7%
55+	0	0%	0	0%
Total Cases	16		14	

Chlamydia Cases				
Sex	**Area 4***	**%**	**Duval**	**%**
Female	438	68%	355	70%
Male	207	32%	154	30%
Race	**Area 4***	**%**	**Duval**	**%**
Black	326	51%	305	60%
Hispanic	35	5%	29	6%
White	187	29%	104	20%
Other	97	15%	71	14%
Age	**Area 4***	**%**	**Duval**	**%**
0-14	5	1%	4	1%
15-19	166	26%	130	26%
20-24	254	39%	200	39%
25-29	130	20%	102	20%
30-39	68	11%	55	11%
40-54	17	3%	15	3%
55+	5	1%	3	1%
Total Cases	645		509	

Gonorrhea Cases				
Sex	**Area 4***	**%**	**Duval**	**%**
Female	106	44%	92	45%
Male	133	56%	112	55%
Race	**Area 4***	**%**	**Duval**	**%**
Black	162	68%	150	74%
Hispanic	8	3%	6	3%
White	50	21%	31	15%
Other	19	8%	17	8%
Age	**Area 4***	**%**	**Duval**	**%**
0-14	2	1%	2	1%
15-19	54	23%	49	24%
20-24	73	31%	59	29%
25-29	55	23%	44	22%
30-39	38	16%	34	17%
40-54	13	5%	13	6%
55+	4	2%	3	1%
Total Cases	239		204	

Area 4* consist of Baker, Clay, Duval, Nassau and St. Johns Counties

Prepared by: Clement Richardson , STD Surveillance Supervisor

Table 3. Provisional Cases* of Select Notifiable Disease, Duval County, Florida, April 2017.

Disease	DUVAL								All Counties							
	April				Cumulative (YTD)				April				Cumulative (YTD)			
	2017	2016	Mean†	Median¶	2017	2016	Mean†	Median¶	2017	2016	Mean†	Median¶	2017	2016	Mean†	Median¶
A. Vaccine Preventable Diseases																
Diphteria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0	0	0.2	0	2	0	2.6	0
Mumps	0	0	0	0	0	0	0	0	0	0	0	0	4	5	2	2
Pertussis	0	0	0	0	4	2	5.8	5	2	4	2.8	4	90	86	116.8	105
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0.4	0
Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Varicella	1	0	0.4	0	12	9	10.4	10	3	4	2.8	2	206	259	240.4	234
B. CNS Diseases & Bacteremias																
Creutzfeldt-Jakob Disease	0	0	0	0	0	2	0.4	0	0	0	0.8	1	3	5	6.4	6
H.influenzae(invasive)	0	0	0	0	9	10	7.4	9	1	0	0.4	0	73	75	79.4	78
Meningitis(Bacterial, crptococcal, mycotic)	0	0	0	0	0	2	4	5	1	0	0	0	23	34	36.8	34
Meningococcal Disease	0	0	0	0	1	0	0.2	0	0	0	0	0	7	5	14.2	13
Staphylococcus aureus: Intermediate Resistance to Vancomycin (VISA)	0	0	0	0	0	0	0.6	0	0	0	0	0	1	1	1	1
Staphylococcus aureus: Resistant to Vancomycin (VRSA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Strep pneumoniae Invasive Disease: Drug-Resistant	0	0	0.2	0	5	9	9.6	9	0	0	2	1	80	74	138	167
Strep pneumoniae Invasive Disease: Drug-Susceptible	0	0	0.2	0	3	7	8.2	8	2	4	2	3	133	145	177.6	194
C. Enteric Infections																
Campylobacteriosis	0	0	0	0	34	14	20.8	20	13	4	7.2	8	940	475	498.2	475
Cryptosporidiosis	0	0	0	0	6	5	4.6	4	0	2	2.6	2	85	109	114.8	117
Cyclosporiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.8	1
Escherichia coli: Shiga Toxin-Producing (STEC) Infection**	0	0	0	0	0	0	0.2	0	0	0	0.4	0	39	21	25.2	24
Giardiasis: Acute	0	0	0.6	0	6	13	13.8	13	1	12	11	12	210	293	261.2	259
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0	0	0	0	0	0	0	5	1	1.8	1
Listeriosis	0	0	0	0	0	1	0.2	0	0	1	0.4	0	15	6	7	7
Salmonellosis	0	3	1.4	1	40	43	36.6	38	13	10	14.4	16	868	900	836.6	855
Shigellosis	1	0	0.2	0	8	17	16.2	13	3	2	6	4	228	149	318.6	382
Typhoid Fever (Salmonella Serotype Typhi)	0	0	0	0	0	0	0	0	0	0	0	0	7	4	2.8	3
D. Viral Hepatitis																
Hepatitis A	0	0	0	0	0	0	0.4	0	0	0	0.6	0	60	24	28.4	27
Hepatitis B: Acute	0	0	0	0	7	7	3.8	4	2	3	3.2	3	152	173	110.2	96
Hepatitis B: Surface Antigen in Pregnant Women	0	1	0.2	0	1	5	8.8	9	1	2	1.2	1	108	98	123.6	125
Hepatitis C: Acute	0	0	0	0	6	0	1	1	2	3	1.2	1	61	110	58.6	51
E. Vector-Borne, Zoonoses																
Rabies: Animal	0	0	0	0	0	0	0.2	0	0	0	0	0	0	13	21.2	20
Chikungunya Fever	0	0	0	0	0	1	0.2	0	0	0	0	0	0	5	5.8	1
Ciguatera Fish Poisoning	0	0	0	0	0	0	0	0	0	0	0	0	7	3	3.8	3
Dengue Fever	0	0	0	0	0	0	0.2	0	0	0	0.2	0	2	28	19.8	20
Eastern Equine Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4	0
Ehrlichiosis (Ehrlichia ewingii)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis - HME (Ehrlichia chaffeensis)	0	0	0	0	1	0	0.2	0	0	0	0	0	2	0	1.4	1
Ehrlichiosis/Anaplasmosis: Undetermined	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0.2	0
Lyme Disease	0	0	0	0	1	0	0.4	0	2	3	1.8	2	29	22	16	12
Malaria	0	0	0	0	0	0	0.6	0	0	0	0	0	12	9	13	14
St. Louis Encephalitis Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus Neuroinvasive Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Zika Virus Disease and Infection- Congenital	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Zika Virus Disease and Infection- Non-Congenital	0	0	0	0	0	1	0.2	0	0	2	0.4	0	60	126	25.4	0
F. Others																
Botulism: Infant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.2	0
Brucellosis	0	0	0	0	0	0	0	0	0	0	0.4	0	0	1	2.4	1
Carbon Monoxide Poisoning	0	0	0	0	0	0	0.6	1	0	0	0.2	0	37	52	44.4	52
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0.2	0	0	0	0.4	0	1	3	5	3
Legionellosis	0	0	0	0	5	4	4.4	4	2	1	0.8	1	88	72	64.2	72
Vibriosis¥	0	0	0	0	0.1	0.1	0.1	0	0.1	0	0.1	0	6.9	2.4	2.5	2.1

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2016 is provisional. May include Non-Florida Cases.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

** Includes E. coli O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

¥ includes Grimontia hollisae, Vibrio alginolyticus, Vibrio cholerae Type Non-O1,Vibrio mimicus, Vibrio parahaemolyticus, Vibrio vulnificus, Vibrio fluvialis, Other Vibrio Species

The Florida Department of Health in Duval County www.duval.floridahealth.gov/ (904) 253-1850
Report prepared by Aja Arrindell M.P.H.,M.S.– Aja.Arrindell@flhealth.gov – All data are provisional

Surveillance systems

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): The outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, and other territories. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILInet providers that contribute to the state and national data.

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

Surveillance vocabulary

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Count: The number of emergency department visits relating to a syndrome of query.

Event Date: Reportable diseases and conditions presented within this report are reported by event date.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (*MMWR*) disease Incidence reporting and publishing.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

Florida Annual Morbidity Reports: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html

Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data to provide opportunities for public health action to prevent and control disease. Surveillance is done identify cases of diseases posing immediate risk to communities, detecting clusters, and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories (BPHL)
- Emergency department (ED) syndromic surveillance monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
- Notifiable disease outbreaks

Epidemiology Program

515 W 6th Street, MC-28

Jacksonville, FL 32206

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:
AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (904) 253-1850, Fax - (904) 253-1851
After Hours Emergency - (904) 434-6035

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
• Report next business day
+ Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- \+ Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- • Arboviral diseases not otherwise listed
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- \+ Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- \+ Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- • Dengue fever
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- \+ Human immunodeficiency virus (HIV) infection
- • HIV, exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- \+ Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners…"